



LIBERTY RIDERS, INC. RIDER RE-REGISTRATION FORM



2018 RIDER INFORMATION

RIDER'S NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE(S): HOME: _____ CELL: _____

EMAIL ADDRESS: _____

BIRTH DATE: _____ GENDER: _____ HEIGHT: _____ IN. **WEIGHT:** _____ LBS.

****** 200-pound weight limit variable dependent upon ambulatory status, ROM, and discretion of instructor ******

****IF RIDER IS LESS THAN 18 YEARS OF AGE, THE PARENT OR LEGAL GUARDIAN MUST FILL IN BELOW:**

FATHER: _____ PHONE(S): HOME: _____

EMPLOYER: _____ PHONE(S): WORK: _____

MOTHER: _____ PHONE(S): HOME: _____

EMPLOYER: _____ PHONE(S): WORK: _____

GUARDIAN: _____ PHONE(S): HOME: _____

EMPLOYER: _____ PHONE(S): WORK: _____

IF ADDRESS IS DIFFERENT THE ABOVE: MOTHER FATHER GUARDIAN

(STREET) (CITY) (STATE) (ZIP)

IN CASE OF EMERGENCY CONTACT: _____ PHONE: _____

CONTACT: _____ PHONE: _____

HEALTH HISTORY AND PHYSICIAN REFERRAL FORMS

PRIMARY DISABILITY: _____ SECONDARY DISABILITY: _____

DATE OF ONSET: (PLEASE CHECK ONE): BIRTH CHILDHOOD ADOLESCENCE ADULTHOOD

LIST ALL CURRENT MEDICATIONS:

1. _____ TAKEN FOR: _____

2. _____ TAKEN FOR: _____

3. _____ TAKEN FOR: _____

MOBILITY: AMBULATORY: YES NO WHEELCHAIR: YES NO

CRUTCHES: YES NO BRACES: YES NO

RIDING LESSON SCHEDULING INFORMATION

RIDING LESSON AVAILABILITY: LIST THE DAY (**MONDAY – THURSDAY**) AND THE TIME YOU COULD ARRIVE FOR WEEKLY LESSONS.

1ST CHOICE: _____ 2ND CHOICE: _____ 3RD CHOICE: _____
DAY TIME DAY TIME DAY TIME

CHECK THE SESSIONS YOU ARE INTERESTED IN BELOW:

***** (FORMS DUE TWO WEEKS BEFORE SESSION STARTS) *****

- 1 – FEBRUARY 26 – MARCH 26 (5 WEEKS \$150) 4 – SEPTEMBER 17 – OCTOBER 22 (6 WEEKS \$180)
 2 – APRIL 9 – MAY 14 (6 WEEKS \$180) 5 – OCTOBER 29 – DECEMBER 3 (6 WEEKS \$180)
 3 – MAY 21 – JUNE 25 (6 WEEKS \$180)

HAVE YOU EVER TAKEN RIDING LESSONS BEFORE? _____ IF YES, EXPLAIN: _____

PHOTOGRAPHY, VIDEO AND WEB PUBLISHING

Riders may be photographed or videotaped and their names published for non-profit use in various ways including, but not limited to: newsletter articles, community newspaper articles, videos, television broadcasts, lesson pictures, and *Liberty Riders, Inc.* web pages. If you do not want yourself or your child to have his/her name, picture or video taken, please make your request in writing and return to Liberty Riders, Inc.

LIABILITY RELEASE

_____ (Rider's Name) would like to participate in the *Liberty Riders, Inc.* therapeutic riding program. I acknowledge the risks and potential for risks of horse back riding. However, I feel that the possible benefits to me/ my son/ my daughter/ my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release for ever all claims for damages against *Liberty Riders, Inc.*, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/ my son/ my daughter/ my ward may sustain while participating in *Liberty Riders, Inc.* riding program.

WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for any injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity.

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING, ACCEPTING, AND AGREEING TO ALL OF THE ABOVE RELEASES, LIABILITIES, CONDITIONS, and ALL INFORMATION and REGISTRATION FORMS PREVIOUSLY PROVIDED TO LIBERTY RIDERS, INC. IS STILL CURRENT.

_____ Date: _____
Print Name of Parent or Legal Guardian (If Under 18 Yrs.)

_____ Date: _____
Signature of Parent or Legal Guardian (if Under 18 Yrs.)